

**AUTHORIZATION AGREEMENT FOR
ELECTRONIC FUNDS TRANSFER (EFT)**
SECTION 1
HOLDER INFORMATION

EFT-FEDERALEMPLOYER ID#										BRANCH #:							
NAME:																	
ADDRESS:																	
TELEPHONE:	()				-										

REMITTER INFORMATION

NAME:																	
ADDRESS:																	
TELEPHONE:	()				-										

EFT CONTACT INFORMATION

NAME:																
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SECTION II
ACH CREDIT

This method allows you to transfer funds by instructing your ACH participating financial institution to debit your account and credit the Commonwealth of Massachusetts' bank account. These remittances must be in NACHA CTX format.

SIGNATURE _____

DATE _____

Return or fax to: Commonwealth of Massachusetts
Abandoned Property Division
One Ashburton Place, 12th Floor
Boston, Massachusetts 02108-1608
Tel. (617) 367-3900 Fax (617) 248-3944

FOR USE OF THE OFFICE OF THE STATE TREASURER ONLY

Your enrollment in the State Treasurer's EFT program has been approved to commence on _____
(Date)

Abandoned Property

By: _____
Signature

Date

Telephone